J-1. CONTACT HISTORY

Infant's last name

First name

1 **Identify all persons who were in contact with the infant in the 24 hours prior to the infant's death: (***in contact means being the same room with the infant or living in/ staying in/ visiting the infant's primary residence***)**

Please answer the following questions for up to four persons, who were in contact with the infant	Person 1	Person 2	Person 3	Person 4
a) First name of person				
b) Last name of person				
c) Maiden name (*if applicable*)				
d) Relationship to infant				
Most recent home address				
e) Street				
f) City				
g) State				
h) Age (*years or months if <2 years*)				
i) Where did contact with the infant occur (*e.g. house, daycare, playground*)				
j) Date of last contact with the infant	Month / Day	Month / Day	Month / Day	Month / Day
k) Approximate time of last contact with the infant	: Military time	: Military time	: Military time	: Military time
l) During the week prior to the infant's death, was this person sick? (*if "Yes" explain the circumstances below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
m) For those persons who are less than 18 years old, please describe their general health				
n) For persons biologically related to the infant (*d above*) are there any known conditions that run in the family?	☐ Not applicable ☐ No ☐ Yes	☐ Not applicable ☐ No ☐ Yes	☐ Not applicable ☐ No ☐ Yes	☐ Not applicable ☐ No ☐ Yes
o) Has this person experienced the death of any of their own children or of any other children while in their care?	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
I) Child's name				
II) Relationship to caregiver				
III) Date of death	Month / Day / Year	Month / Day / Year	Month / Day / Year	Month / Day / Year
IV) Child's age at death (*years or months if <2 years*)				
V) Cause of death				
VI) Place of death (*city, state*)				

If more than 4 persons were in contact with the infant in the 24 hours prior to the infant's death use additional page(s)

Section J continued on the next page

Section J continues here

2 **Did the infant visit a location with large number of people in the 24 hours prior to the death?**

☐ Yes ☐ No → Skip to question **4** below

3 **How many people were at that location?**

Number of people

4 **Did the infant visit a daycare in the 24 hours prior to the death?**

☐ Yes ☐ No → Skip to question **9** below

5 **How many adults were supervising the children?**

Number of adults (*18 years or older*)

6 **Were any of these adults sick?**

☐ No ☐ Yes → Please complete J-1 or JS for that person(s)

7 **How many children were under the care of the provider at that day?**

Number of children (*under 18 years old*)

8 **Identify any children in daycare who were sick and were in contact or close proximity to the infant in the 24 hours prior to the death:**

Please answer the following questions for up to four children, who were in contact with the infant	Child 1	Child 2	Child 3	Child 4
a) First name of child				
b) Last name of child				
c) Age (*years or months if <2 years*)				
d) Where did contact with the infant occur (*e.g. house, daycare, playground*)				
e) Date of last contact with the infant	Month / Day	Month / Day	Month / Day	Month / Day
f) Approximate time of last contact with the infant	: Military time	: Military time	: Military time	: Military time
g) During the week prior to the infant's death, was this person sick? (*if "Yes" explain the circumstances below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
h) Please describe their general health				
i) Any unusual conditions for this child? (*if "Yes" describe the conditions below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes

If more than 4 children use supplement pages

9 **Are there any factors, circumstances, or environmental concerns that the caregiver is aware of that the infant was exposed? (***e.g., mother smoke while breast feeding, exposed to a large number of people at church or a public event, air travel***)**

☐ No ☐ Yes → Describe below:

Section completed on ___/___/_____ at ___:___ by

Where/How

Contact history supplemental page

J1-S_. CONTACT HISTORY
Infant's last name
First name

1 **Identify all persons who were in contact with the infant in the 24 hours prior to the infant's death: (***in contact means being the same room with the infant or living in/ staying in/ visiting the infant's primary residence***)**

Please answer the following questions for up to four persons, who were in contact with the infant	Person	Person	Person	Person
a) First name of person				
b) Last name of person				
c) Maiden name (*if applicable*)				
d) Relationship to infant				
Most recent home address				
e) Street				
f) City				
g) State				
h) Age (*years or months if <2 years*)				
i) Where did contact with the infant occur (*e.g. house, daycare, playground*)				
j) Date of last contact with the infant	Month / Day	Month / Day	Month / Day	Month / Day
k) Approximate time of last contact with the infant	: Military time	: Military time	: Military time	: Military time
l) During the week prior to the infant's death, was this person sick? (*if "Yes" explain the circumstances below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
m) For those persons who are less than 18 years old, please describe their general health:	☐ Not applicable	☐ Not applicable	☐ Not applicable	☐ Not applicable
n) For persons biologically related to the infant (*d above*) are there any known conditions that run in the family?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
o) Has this person experienced the death of any of their own children or of any other children while in their care?	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
I) Child's name				
II) Relationship to caregiver				
III) Date of death	Month / Day / Year	Month / Day / Year	Month / Day / Year	Month / Day / Year
IV) Child's age at death (*years or months if <2 years*)				
V) Cause of death				
VI) Place of death (*city, state*)				

Section completed on __/__/____ at __:__ by

Where/How

Contact history supplemental page

1 Identify any children in daycare who were sick and were in contact or close proximity to the infant in the 24 hours prior to the death:

Please answer the following questions for up to four children, who were in contact with the infant	Child	Child	Child	Child
a) First name of child				
b) Last name of child				
c) Age (*years or months if <2 years*)				
d) Where did contact with the infant occur (*e.g. house, daycare, playground*)				
e) Date of last contact with the infant	Month / Day	Month / Day	Month / Day	Month / Day
f) Approximate time of last contact with the infant	Military time	Military time	Military time	Military time
g) During the week prior to the infant's death, was this person sick? (*if "Yes" explain the circumstances below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes
h) Pease describe their general health:				
i) Any unusual conditions for this child? (*if "Yes" describe the conditions below*)	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes